| | | · · · · · · · · · · · · · · · · · · · | | | - | | 120 | -) | mication | or D | cket Nur | ber |
|--|--|--|-----------------------|-----------------|---------------|------------------|------|--------------------|-----------------|---------|----------------------------|-----------------|
| | | | | | | | | | | | | |
| Effective October 1, 2000 09 967233 | | | | | | | | | | | | |
| CLAIMS AS FILED - PART I SMALL ENTI | | | | | | | | | | | OTKER | THAN |
| | TAL CLAIMS | | (Column 1) (Column 2) | | | | 1 | YPE C | | OR P | SMALL | |
| | | | | 3 <u>5</u> _ | | | | RATE | FEE | | RATE | FEE |
| FC | A | | MANBER | FILED | MANBER EXTRA | | | BASIC FEE | 355.00 | OR | BASIC FEE | 710.00 |
| 70 | TAL CHARGEA | BLE CLAIMS | 30mb | us 20 <u>-</u> | . 12 | | | X\$ 9= | 135 | OR | · X318= | |
| | EPENDENT CL | | , | - Ceun | 1 | | - | X40= | 40 | CR | XB0= | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | | | +135= | ٠ | OR | +270= | |
| * If the difference in column 1 is less than zero, enter "O" in column 2 | | | | | | | | TOTAL | 530 | OR | TOTAL | |
| | Claims as amended - Part II | | | | | | | | : | | OTHER THAN SMALL ENTITY | |
| _ | | (Column 1) (Column 2) (Column 3 | | | | | | | ADDI | OR I | SHALL | ADDI- |
| ¥ | | REMAINUNG AFTER | | PREVIO | | PRESENT EXTRA | | RATE | TIONAL | ٠. | RATE | TIONAL |
| | | AMENDMENT | | PAED | FOR 2 | / | | | FEE | | Y000 | FEE |
| ENDMENT | Total | .78 | Minus Minus | | <u> </u> | -/ | | X\$ 9= | · / | OR | X\$18= | |
| ¥. | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | X40= | ./ | OR | X80= | |
| | Na/ | | | | | | | | | OR | +270= | <u>/</u> |
| | ////0 (Cohmo 1) (Cohmo 2) (Cohmo 3) | | | | | | A | YOYAL DOIT. FEE | | ОЯ | TOTAL ADDIT. FEE | |
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| 8 | • | REMARKS | • | · NUM PREVIO | SER | PRESENT | | RATE | ADDI- TIONAL | | RATE | ADDI- TIONAL |
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| ပ | - 4 | CLAIMS REMAINING | NEUS | | BER PRESENT | | | | ADDI | | DATE | ADDI- |
| F | | AFTER AMENOMENT | | PREVIO | | EXTRA | | RATE | TIÓNAL FEE | | RATE | TIONAL FEE |
| AMEMOMENT C | Total | . 28 | Minus | ** | <u>35</u> | - / | | X\$ 9= | | OR | X\$185 | |
| AME | Independent | SENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | X40= | | OR | X80= | | |
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| | " If the entry in column 1 is isse then the entry in column 2, write "0" in column 3. " If the Physical Number Proviously Padd For" (N THES SPACE is less than 20, enter "20." | | | | | | | | | | TOTAL | |
| - | in the Trighest Nu. If the Trighest Nu. | mber Proviously Pr mber Proviously Pr | ed For IN THE | S SPACE | s less the | n 3, enter "3." | . A | DOTT. FEE | | , -, -, | ADDIT FEE | |